

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET							SERIAL NO.	FILING DATE	3	
							APPLICANT(S)			
CLAIMS										
AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT						
	IND	DEP	IND	DEP	IND	DEP		IND	DEP	
1							51			
2							52			
3							53			
4							54			
5							55			
6							56			
7							57			
8							58			
9							59			
10							60			
11							61			
12							62			
13							63			
14							64			
15							65			
16							66			
17							67			
18							68			
19							69			
20							70			
21	/						71			
22	/	/					72			
23		/					73			
24		/					74			
25		/					75			
26	/	/					76			
27	/	/					77			
28	/	/					78			
29	/	/					79			
30	/	/					80			
31		/					81			
32		/					82			
33		/					83			
34	/	/					84			
35		/					85			
36		/					86			
37		/					87			
38							88			
39							89			
40							90			
41							91			
42							92			
43							93			
44							94			
45							95			
46							96			
47							97			
48							98			
49							99			
50							100			
TOTAL IND.	4						TOTAL IND.			
TOTAL DEP.	112						TOTAL DEP.			
TOTAL CLAIMS	116						TOTAL CLAIMS			